

State Health Planning and Development Agency
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Radiation Therapy Utilization Report For January 1 to December 31, 2001

Facility:	
Completed by: (signature)	Phone:
(print/type name)	FAX:
(title)	Email:

Radiation Therapy Currently Available By Make/Model (including upgrades)	Account for all equipment/procedures in your facility.		
	Year Acquired	Years of Useful Life Remaining	Cost of Purchase or Upgrade

Radiation Therapy	For the Reporting Period
Total Number of Cases (Unduplicated Patient Counts)	
Total Number of Treatments (A treatment is a single patient visit equivalent)	
Average Professional Charge Per Treatment	
Average Technical Charge Per Treatment	

Total Number of Patients Seen From (Patient Origin)	For the Reporting Period
O'ahu	
Hawai'i	
Kaua'i	
Maui	
Lana'i	
Moloka'i	
Other	
Unknown/Missing	